

**CH. HFS 36**  
**COMPREHENSIVE COMMUNITY SERVICES**  
**FOR PERSONS WITH MENTAL DISORDERS AND SUBSTANCE-USE DISORDERS**

**INITIAL PROGRAM APPLICATION COVER PAGE**

COUNTY / TRIBAL GOVERNMENT \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

AUTHORITY / POSITION: \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PROGRAM ADDRESS \_\_\_\_\_  
(if different) \_\_\_\_\_

PROGRAM TELEPHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

PROVIDER FISCAL AGENT (Name) \_\_\_\_\_ Telephone \_\_\_\_\_

PAYMENT REQUIRED = \$350.00 PAID \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ DATE PAID \_\_\_\_\_

**BQA USE ONLY**

Application Receipt Date: \_\_\_\_\_ Check Date/Amount: \_\_\_\_\_ \$ \_\_\_\_\_

Application; complete ☐ incomplete ☐ Date Deposited: \_\_\_\_\_

Reasons: \_\_\_\_\_

Copies provided: three ☐ other \_\_\_\_\_

BMHSAS/PCU Receipt Date: \_\_\_\_\_

On-site Review Date: \_\_\_\_\_ Approval Decision Date: \_\_\_\_\_

Provisional Certification period: From \_\_\_\_\_ through \_\_\_\_\_

## Bureau of Quality Assurance Application

### HFS 36 COMPREHENSIVE COMMUNITY SERVICES (CCS)

Chapter HFS 36, SUBCHAPTER I: GENERAL PROVISIONS and SUBCHAPTER II. CERTIFICATION are basic to CCS programs but are not included in this Bureau of Quality Assurance application. The entire code is available from the Department and on-line in emergency rule format through the Bureau of Mental Health and Substance Abuse Services (BMHSAS) at [http://www.dhfs.wisconsin.gov/mh\\_bcmh](http://www.dhfs.wisconsin.gov/mh_bcmh).

When the rule is permanent, HFS 36 will be found in the Wisconsin Legislative Reference Bureau's Administrative Code Composite Table Of Contents at <http://www.legis.state.wi.us/rsb/code/codtoc.html>.

We recommend that all applicants print and read the entire rule.

#### Table of Contents

Application Development and Review Processes		Page
1.	Minimum Application Set	3
2.	Completed Application Set	4
3.	Departmental Review Process	4
4.	Accessibility to Information	4
SUBCHAPTER III COMPREHENSIVE COMMUNITY SERVICES PROGRAM		
HFS 36.07	Comprehensive community services plan	5
HFS 36.08	Quality improvement	9
HFS 36.09	Coordination committee	10
SUBCHAPTER IV PERSONNEL		
HFS 36.10	Personnel policies	11
HFS 36.11	Supervision and clinical collaboration	17
HFS 36.12	Orientation and training	19
SUBCHAPTER V CONSUMER SERVICES		
HFS 36.13	Consumer application	21
HFS 36.14	Criteria for determining the need for psychosocial rehabilitation services	23
HFS 36.15	Authorization of services	24
HFS 36.16	Assessment process	25
HFS 36.17	Service planning and delivery	29
HFS 36.18	Consumer service records	32
HFS 36.19	Consumer rights	34
Medical Assistance HFS 105.257. Community-based psychosocial service programs.		35
CCS Staff Listing	Treatment staff functions form	Attached
PSR Service Array	Form for describing CCS services	Attached

## APPLICATION DEVELOPMENT AND REVIEW PROCESSES

The Comprehensive Community Services (CCS) program will be evaluated independent of existing certified county or tribal programs. CCS programs require a separate application fee and receive a unique program certification number. Applicants should carefully complete the instructions.

1. **Minimum Application Set:** Complete and submit these minimum key sections of the HFS 36, outlined as A – K below, with assurances, fees, and cover page materials. Use the application checklist on subchapters III – V, HFS 36.07 – 36.19, (pages 5 to 35) as the means of identifying where narratives are required and to track which code elements have been integrated into the program's development. Reviewers will use similar checklists to confirm evidence of compliance.

Requirement	Name	Format
A. 36.07	CCS Plan	
• 36.07 (1)	Organizational CCS Staff Listing	Narrative Staff List Form (attached)
• 36.07 (2)	Coordination Committee	Narrative / report
• 36.07 (3)	Current county system of services	Narrative
• 36.07 (4)	CCS processes and services	Policies / (Array see B below)
• 36.07 (5)	CCS consumer policies	Policies and procedures
B. 36.07 (4)	Array of CCS Services	PSR Array Form (attached)
C. 36.10 (2)(e)	Qualify Staff Functions	Staff List Form (met as above)
D. 36.08	Quality Improvement plan	Narrative/Policies
E. 36.09	Coordinating Committee Report	Narrative
F. 36.12	Orientation and Training	Plan, policies
G. 36.13 (1)	Consumer Application	Program Forms
H. 36.13 (2)	Service Admission Agreement	Informed consent agreement
I. 36.14	Criteria of Determination	Policies
J. 36.16	Assessment Policies & Procedures	Policies (P&P Manual)
K. 36.17	Service Planning and Delivery Processes	Policies

- **IMPORTANT:** Label each page of the application with county/program name and identify applicable HFS 36 sections on all narrative plans, policy statements, tables, forms and other materials.

### Instructions per section:

- Develop a narrative Comprehensive Community Services Plan in full, per HFS 36.07(1-5).
- Develop an initial array of psychosocial rehabilitation services (PSR) which are anticipated for delivery within the CCS program and for which authorization for reimbursement will be sought. You may use **"PSR Service Array"** forms, (attached). Other services may be added in the future.
- The **"CCS Staff Listing"** (attached), should be completed consistent with personnel policy requirements of HFS 36.10 (2)(e) *Staff Functions* and including (g) *Minimum Qualifications*. Complete all columns including percentage FTE, whether employed or contracted, and verifying current caregiver background checks. An updated staff listing may be submitted at any time.
- Develop a narrative Quality Improvement Plan, 36.08 (1), identifying methods and measures of outcome performance.
- Establish or identify a CCS Coordination Committee, 36.09 (1) and submit their report 36.07 (2) as a part of the CCS plan (above).

- F. Develop a narrative plan for Orientation and Training, 36.12.
- G. Develop a Consumer Application, 36.13 (1), and submit a copy.
- H. Develop the CCS Service Admission Agreement, 36.13 (2), and submit a copy.
- I. Develop policies for Criteria of Determination, 36.14, whether using the functional screen or other means of assessment.
- J. Develop and submit the Assessment Policies and Procedures, 36.16.
- K. Develop and submit the policies of Service Planning and Delivery Processes, 36.17
- **Submit fees and all assurances** to the Bureau of Quality Assurance Regional Office Licensing and Certification Specialist along with **three (3) labeled copies of the Minimum Application Set**.
- 2. **Completed Application Set:** Complete the program components, listed as L. – R. These sections must be readied and be program compliant prior to certification or admitting CCS consumers.

L. 36.10 (other)	Personnel Policies	Policies
M. 36.11	Supervision & Clinical Collaboration	Policies
N. 36.15	Authorization for Services	Program Forms, policies
O. 36.18	Consumer Service Record	Template, policies
P. 36.19	Consumer Rights	Policies, form
Q. HFS 92	Confidentiality of Treatment Records	<u>Compliant upon first admission</u>
R. HFS 94	Patient Rights - Patient Grievances	<u>Compliant upon first admission</u>

- **Do not submit these sections** unless specifically requested. Maintain these on-site.

### 3. Departmental Review Process

The BQA Regional Office will receive and process the fees and assurances. They will forward copies of the application materials to BMHSAS and the Program Certification Unit. A Review Team consisting of mental health, program certification, and medical assistance specialists will read and consult on the applications and may request clarifications. BQA surveyors may request evidence of verification of the **Completed Application Set** or may conduct on-site visits for the purposes of verifying compliance with the Comprehensive Community Service code, ch. HFS 36. Program certification will begin after the application and services are reviewed by the Review Team and with approval of the BQA.

Provisional certification will be granted for a period up to a one-year.

### 4. Accessibility to Information

- Maintain a complete copy of the application on-site.
- CCS programs require the development of specific plans, policies, procedures, forms, and personnel practices, many of which are to be readily accessible to consumers.
- The Department recommends the CCS create readily accessible sources of this CCS information. For examples, web-based policies and forms or hardcopy manuals of plans, policies, procedures and personnel.
- These documents shall be regularly reviewed and updated as required.

**SUBCHAPTER III  
COMPREHENSIVE COMMUNITY  
SERVICES PROGRAM**

**HFS 36.07 Comprehensive community services plan.**

Each CCS program shall have a written plan that shall include all of the following:

(1) CCS Organizational Plan

A description of the organizational structure. The description shall include all of the following: a-e.

- (a) Responsibilities of the staff members assigned to the functions described in s. HFS 36.10 (2) (e).

\* Complete CCS Staff List \*

- (b) Policies and procedures to implement a quality improvement plan consistent with the requirements in s. HFS 36.08.

- (c) Policies and procedures to establish a coordination committee and work with a coordination committee consistent with the requirements in s. HFS 36.09.

- (d) Criteria for recruiting and contracting with providers of psychosocial rehabilitation services.

- (e) Policies and procedures for updating and revising the CCS plan to ensure that it accurately identifies current services provided and any changes in policies and procedures of the CCS.

(2) Committee Recommendations to CCS Plan

A written summary detailing the recommendations of the coordinating committee made under s. HFS 36.09 (3)(a) and  
a written response by the CCS to the coordination committee's recommendations.

**APPLICATION INSTRUCTIONS**

**NOTE:**

← Applicants watch for rectangles and boxes indicating when a narrative response is required.

- ☐ Use the checkboxes to affirm an application requirement is met.

**To document the CCS Plan, prepare a policy and procedure manual from the application requirements of HFS 36.07 – 36.19**

1. ☐ Written description of organizational structure.

- a. ☐ Staff functions

☐ Attached CCS Staff List \*

- b. ☐ P&P of Quality Improvement Plan

- c. ☐ P&P of Coordination Committee

- d. ☐ Criteria for determining providers

- e. ☐ P&P for updating and revising the CCS plan

2. ☐ Written summary of coordinating Committee

- ☐ Response of CCS to committee summary

**Note:**

**Sub-section 36.07 (1) (e) was renumbered as 36.07 (5) (i); the former 36.07 (1) (f) became (1) (e).**

Surveyor Use

### HFS 36.07 CCS Plan.

#### (3) CCS Systems Development

A description of the currently available mental health, substance-use disorder, crisis services, and other services in the county or tribe and how the CCS will interface and enhance these services.

The description shall include policies and procedures for developing and implementing collaborative arrangements and interagency agreements addressing all of the following: a-g

(a) Processes necessary to include the CCS in planning to support consumers who are discharged from a non-CCS program or facilities including, but not limited to inpatient psychiatric or substance-use treatment, a nursing home, residential care center, day treatment provider, jail or prison.

(b) The role of the CCS when an emergency protective placement is being sought under s.55.06 (11) Stats. and when protective services or elder abuse investigations are involved.

(c) The role of the CCS when the CCS provides services in conjunction with any other care coordination service including protective services, integrated services projects, and schools.

(d) The role of the CCS when a consumer is living in the community under a ch. 51, Stats., commitment.

(e) Establishing contracts and agreements with community agencies providing CCS services.

(f) Establishing contracts when a needed service is not available in the existing array of services.

(g) Arrangements with the county or tribal emergency services program to ensure identification and referral of CCS consumers who are in crisis.

### APPLICATION INSTRUCTIONS

#### CCS Systems Development

3. ☐ Write a narrative description of the current services and how CCS will interface with them.

Include:

☐ P&P for agreements and collaboration (a-g)

a. ☐ Consumer support outside CCS

b. ☐ Role in protective placements

c. ☒ Other CCS roles

d. ☐ CCS role ch 51 consumer

e. ☐ Contracts and agreements established.

f. ☐ Contracts for needed services

g. ☐ Agreements for ID and referral of CCS consumers in crisis.

Surveyor Use

## HFS 36.07 CCS Plan.

### (4) PSR Services Array and Service Providers

(a) A description of an array of psychosocial rehabilitation services and service providers to be available through the CCS.

The services and service providers shall be determined by all of the following: (a.1- 2, and b.)

1. Identifying anticipated service needs of potential consumers, including minors and the elderly, that are based upon assessment domains identified in s. HFS 36.16 (4).

2. Identifying treatment interventions to address the needs identified in subd. 1. Treatment interventions for minors and elderly consumers shall be identified separately from other consumers.

(b) The description in paragraph (a) shall include the methods that the CCS will use to identify and contract with service providers.

## **APPLICATION INSTRUCTIONS**

### **Note:**

**Sub-section 36.07 (4) was substantially reorganized to focus on the PSR services array. Items formerly numbered (a-h) were related to policy development and were renumbered into 36.07 (5).**

4. Write a narrative description of services and providers for a.1-2, and b.

a. ☐ The array of individualized services and providers

1 ☐ Anticipated service needs in each of the assessment domains of HFS 36.16 (4) .

**Use the  
PSR Service Array Form**

2 ☐ Identifying treatment interventions  
☐ interventions for minors and elders

b. ☐ Identifying how service providers will be selected

Surveyor Use

### HFS 36.07 CCS Plan.

#### (5) Policies and Procedures

Policies and procedures developed for each of the following: ( a through s )

- (a) Consumer records that meet the requirements in s. HFS 36.18.
- (b) Confidentiality requirements of this chapter.
- (c) The timely exchange of information between the CCS and contracted agencies necessary for service coordination.
- (d) Consumer rights that meet the requirements of s. HFS 36.19.
- (e) Ensuring that services provided are culturally and linguistically appropriate for each consumer.
- (f) Monitoring compliance with this chapter and applicable state and federal law.
- (g) Receiving and making referrals.
- (h) Communication to the consumer of services offered by the CCS, costs to the consumer, grievance procedure, and requirements for informed consent for medication and treatment
- i. Providing orientation and training that meets the requirements of HFS 36.12.
- j. Outreach services
- k. Application and screening.
- L. Recovery team development and facilitation.
- m. Assessment.
- n. Service planning.
- o. Service coordination, referrals and collaboration.
- p. Advocacy for the consumer.
- q. Support and mentoring for the consumer.
- r. Discharge planning and facilitation.
- s. Monitoring and documentation.

### **APPLICATION INSTRUCTIONS**

#### **Note:**

**Section 36.07 (5) was substantially reorganized; adding elements (i.) through (s.) which were renumbered from 36.07 (1) and (4).**

5. Write policies for each of the following

- (a) ☐ Consumer records
- (b) ☐ Confidentiality requirements of this chapter.
- (c) ☐ The timely exchange of information
- (d) ☐ Consumer rights
- (e) ☐ Culturally and linguistically appropriate services
- (f) ☐ Monitoring compliance with code and law.
- (g) ☐ Receiving and making referrals.
- (h) ☐ Communications to the consumer
- I. ☐ Orientation and training.
- J. ☐ Outreach services.
- K. ☐ Application and screening
- L. ☐ Recovery team development
- M. ☐ Assessment
- N. ☐ Service planning
- O. ☐ Service Coordination
- P. ☐ Consumer Advocacy
- Q. ☐ Support and mentoring
- R. ☐ Discharge planning
- S. ☐ Monitoring and documentation

Surveyor Use

### HFS 36.08 Quality improvement.

(1) The CCS shall develop and implement a quality improvement plan to assess consumer satisfaction and progress toward desired outcomes identified through the assessment process.

(2) (a) The plan shall include procedures for protecting the confidentiality of persons providing opinions and include a description of the methods the CCS will use to measure consumer opinion on the services offered by the CCS, assessment, service planning, service delivery, and service facilitation activities.

(b) The plan shall also include a description of the methods the CCS will use to evaluate the effectiveness of changes in the CCS program based on results of the consumer satisfaction survey, recommendations for program improvement by the coordination committee, and other relevant information.

### APPLICATION INSTRUCTIONS

1. ☐ Write a Quality Improvement Plan

2. a. ☐ Confidentiality procedures of QI  
and  
☐ methods of measurement

2. b. ☐ Methods of evaluation

Keep a copy of the Quality Improvement Plan with all procedures and methods in the CCS P&P Manual

Surveyor Use

### HFS 36.09 CCS Coordination Committee.

(1) (a) The CCS shall appoint a coordination committee that includes representatives from various county or tribal departments, including individuals who are responsible for mental health, and substance abuse services, service providers, community mental health and substance abuse advocates, consumers, family members and interested citizens.

(b) An existing committee within the county or tribe may serve as the coordinating committee if it has the membership required and agrees to undertake the responsibilities in sub. (3).

(2) At least one-third of the total membership of the coordination committee shall be consumers and no more than one-third of the total membership shall be county employees.

(3) The coordinating committee shall do all of the following:

(a) Review and make recommendations regarding the initial and any revised CCS plan required under s. HFS 36.07, the CCS quality improvement plan personnel policies, and other policies, practices, or information that the committee deems relevant to determining the quality of the CCS program and protection of consumer rights.

(b) Maintain written minutes of meetings and a membership list.

(c) Meet at least quarterly.

### **APPLICATION INSTRUCTIONS**

**Note:**  
**Section 36.09 (3) (c) was added.**

1.a ☐ Coordination Committee appointed with representation from each category:

- ☐ MH and substance abuse services
- ☐ Service providers
- ☐ Advocates
- ☐ Consumers
- ☒ Family
- ☐ Interested citizens

Note: appointees may represent multiple categories.

b. ☐ An existing committee in the county/tribe

(name) \_\_\_\_\_

agrees to undertake CCS duties, OR

☐ A CCS Coordination Committee is appointed

2. ☐ 1/3 CCS Consumers  
☐ 1/3 limit of county employees

3. Coordinating committee shall includes:

a. Review and recommend CCS

- ☐ Initial and revised CCS Plans
- ☐ Quality Improvement Plan
- ☐ Personnel policies
- ☐ Program practices
- ☐ QI information
- ☐ Protect consumer rights
- ☐ Other information

b. ☐ Keep minutes and membership list

c. ☐ Plan to meet quarterly

Surveyor Use

## SUBCHAPTER IV PERSONNEL

### HFS 36.10 Personnel policies.

(1) **DEFINITIONS.** In this section, “supervised clinical experience” means a minimum of one hour of supervision per week by one or more staff members who meet the qualifications under par. (2) (g) 1. to 8.

(2) **POLICIES.** The CCS shall have and implement written personnel policies and procedures that ensure all of the following:

(a) *Discrimination prohibited.* Employment practices of the CCS or any agency contracting or sub-contracting with the CCS do not discriminate against any staff member or applicant for employment based on the individual's age, race, religion, color, sexual orientation, national origin, disability, ancestry, marital status, pregnancy or childbirth, arrest or conviction record.

(b) *Credentials.* Staff members have the professional certification, training, experience and abilities to carry out prescribed duties.

(c) *Background checks and misconduct reporting and investigation.* CCS and contracting agency compliance with the caregiver background check and misconduct reporting requirements in s. 50.065, and ch. HFS 12, and the caregiver misconduct reporting and investigation requirements in ch. HFS 13.

(d) *Staff records.* Staff member records are maintained and include all of the following:

1. References for job applicants obtained from at least 2 people including previous employers, educators or post-secondary educational institutions attended if available, and documented either by letter or verification of verbal contact with the reference, dates of contact, person making the contact, individuals contacted and nature and content of the contact.

2. Confirmation of an applicant's current professional license or certification, if that license or certification is necessary for the staff member's prescribed duties or position.

3. The results of the caregiver background check conducted in compliance with par. (c), including a completed background information disclosure form for every background check conducted, and the results of any subsequent investigation related to the information obtained from the background check.

#### Patient Safety Note:

Forms to conduct a caregiver background check including the background information disclosure form may be obtained from the department's website at

<http://dhfs.wisconsin.gov/HFSNum.htm>

or by contacting the Department at the BQA Caregiver Regulation and Investigation Section, 2917 International Lane, Suite 300, Madison, WI 53704, (608) 243-2019.

#### APPLICATION INSTRUCTIONS

2. ☐ Write and implement Personnel P&P

a. ☐ Non-discrimination

b. ☐ Credentials

c. ☐ Background checks

d. ☐ Staff records

1. ☐ References (2)

2. ☐ License or Certification

3. ☐ Background check Results

☐ BID form

☐ Investigation reports

☐ Current within 4 years

#### Surveyor Use

## **APPLICATION INSTRUCTIONS**

### **HFS 36.10 Personnel policies.**

#### **2. (e) Staff functions.**

The CCS has the appropriate number of staff to operate the CCS in accordance with the CCS plan, this chapter, and applicable state and federal law.

One or more staff members shall be designated to perform all of the following functions:

1. Mental health professional and substance abuse professional functions required under ss. HFS 36.11 (1)(b) and (3); 36.15; 36.16 (2), (6) and (7); and 36.17(6) (b) (4), **Qualification under (g) 1 to 8.**

#### **2. Administrator functions.**

A staff member designated to perform these functions shall have the qualifications listed under par. (g) 1. to 14. whose responsibilities shall include overall responsibility for the CCS, including compliance with this chapter and other applicable state and federal regulations and developing and implementing policies and procedures.

#### **3. Service director functions.**

A staff member designated to perform these functions shall have the qualifications listed under par. (g) 1. to 8. whose responsibilities shall include responsibility for the quality of the services provided to consumers and day-to-day consultation to CCS staff.

#### **4. Service facilitation functions.**

A staff member designated to perform these functions under HFS s. HFS 36.07 (4) shall have the qualifications listed under par. (g) 1 to 22 to ensure that the service plan and service delivery for each consumer is integrated, coordinated and monitored, and is designed to support the consumer in a manner that helps the consumer to achieve the highest possible level of independent functioning.

#### **(f) Supervision and clinical collaboration.**

Supervision and clinical collaboration of staff shall meet the requirements in s. HFS 36.11.

g) Minimum qualifications. Each staff member shall have the interpersonal skills training and experience needed to perform the staff member's assigned functions and each staff member who provides psychosocial rehabilitation services shall meet the following minimum qualifications:

1. Psychiatrists shall be physicians licensed under ch. 448, Stats., to practice medicine and surgery and shall have completed 3 years of residency training in psychiatry or child psychiatry in a program approved by the accreditation council for graduate medical

2.e. ☐ Staff functions are met

- |                                                 |                      |
|-------------------------------------------------|----------------------|
| 1. <input type="checkbox"/> MH Professional     | Qualifications 1-8   |
| 2. <input type="checkbox"/> Administrator       | Qualifications 1-14  |
| 3. <input type="checkbox"/> Service Director    | Qualifications 1- 8  |
| 4. <input type="checkbox"/> Service Facilitator | Qualifications 1- 21 |

#### **Complete: CCS Staff List**

**Form attached, as a part of the CCS Plan for assuring 36.10 (2)(e) staff functions.** Identify each of the staff functions and staff qualifications.

2.f. ☐ Supervision and collaboration of staff meets the requirements of HFS 36.11

2.g. ☐ Minimum qualifications

Please review each position 2. (g) 1 - 22 to assure compliance with the qualifications required.

**Record personnel qualifications for 2. (g) 1. to 8. are all licensed staff with specific personnel policy requirements on the CCS Staff List..**

1. ☐ Psychiatrists

Surveyor Use

**HFS 36.10 Personnel policies.**

**APPLICATION INSTRUCTIONS**

1. (continued) education and be either board–certified or eligible for certification by the American board of psychiatry and neurology.

2. Physicians shall be persons licensed under ch. 448, Stats., to practice medicine and surgery who have knowledge and experience related to mental disorders of adults or children; or, who is certified in addiction medicine, certified in addiction psychiatry by the American board of psychiatry and neurology or otherwise knowledgeable in the practice of addiction medicine..

3. Psychiatric residents shall hold a doctoral degree in medicine as a medical doctor or doctor of osteopathy and shall have successfully completed 1500 hours of supervised clinical experience as documented by the program director of a psychiatric residency program accredited by the accreditation council for graduate medical education.

4. Psychologists shall be licensed under ch. 455, Stats., and shall be listed or meet the requirements for listing with the national register of health service providers in psychology or have a minimum of one year of supervised post–doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance-use disorders.

5. Licensed independent clinical social workers shall meet the qualifications established in ch. 457, Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance-use disorders. Fifteen hundred hours of supervised clinical experience in a certified community support program may be substituted for the 3000 hours of supervised clinical experience in other settings

6. Professional counselors and marriage and family therapists shall meet the qualifications required established in ch. 457, Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance-use disorders. Fifteen hundred hours of supervised clinical experience in a certified community support program may be substituted for the 3000 hours of supervised clinical experience in other settings.

2. ☐ Physicians

3. ☐ Psychiatric residents

4. ☐ Psychologists

5. ☐ Licensed independent clinical social workers

6. ☐ Professional counselors

Surveyor Use

**HFS 36.10 Personnel policies.**

**APPLICATION INSTRUCTIONS**

7. Adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing shall be board certified by the American Nurses Credentialing Center, hold a current license as a registered nurse under ch. 441, Stats., have completed 3000 hours of supervised clinical experience; hold a master's degree from a national league for nursing accredited graduate school of nursing; have the ability to apply theoretical principles of advanced practice psychiatric mental health nursing practice consistent with American Nurses Association scope and standards for advanced psychiatric nursing practice in mental health nursing from a graduate school of nursing accredited by the national league for nursing.

8. Advanced practice nurse prescribers shall be adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioner or clinical specialists in adult psychiatric and mental health nursing who are board certified by the American Nurses Credentialing Center; hold a current license as a registered nurse under ch. 441, Stats.; have completed 1500 hours of supervised clinical experience in a mental health environment; have completed 650 hours of supervised prescribing experience with clients with mental illness and the ability to apply relevant theoretical principles of advance psychiatric or mental health nursing practice; and hold a master's degree in mental health nursing from a graduate school of nursing from an approved college or university.

Advanced practice nurses are not qualified to provide psychotherapy unless they also have completed 3000 hours of supervised clinical experience.

9. Certified social workers, certified advance practice social workers and certified independent social workers shall meet the qualifications established in ch. 457, Stats., and related administrative rules, and have received certification by the examining board of social workers, marriage and family therapists and professional counselors.

10. Psychology residents shall hold a doctoral degree in psychology meeting the requirements of s. 455.04 (1) (c), Stats., and shall have successfully completed 1500 hours of supervised clinical experience as documented by the Wisconsin psychology examining board.

11. Physician assistants shall be certified and registered pursuant to ss. 448.05 and 448.07, Stats., and chs. Med 8 and 14.

7. ☐ Adult psychiatric and mental health nurse practitioners

8. ☐ Advanced practice nurse prescribers

**Note:** Advanced practice nurses are not qualified to provide psychotherapy unless they also have completed 3000 hours of supervised clinical experience.

**Note:**  
**Personnel qualifications for 2.(g) 9. to 21. are certified, registered, or licensed staff with specific personnel policy requirements.**

9. ☐ Certified social workers

10. ☐ Psychology residents

11. ☐ Physician Assistants

Surveyor Use

**HFS 36.10 Personnel policies.**

12. Registered nurses shall be licensed under ch. 441, Stats.,

13. Occupational therapists shall be licensed and shall meet the requirements of s. 448.963 (2), Stats.

14. Master's level clinicians shall have a master's degree and coursework in areas directly related to providing mental health services including master's in clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance, counseling psychology or social work.

15. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.

16. Substance abuse counselors shall be certified by the Wisconsin certification board.

Note: The Wisconsin certification board is defined in s. HFS 75.02 (94) as "the agency authorized by the department to establish, test and apply standards of initial and ongoing competency for professional in the substance abuse field through a certification process."

17. Specialists in specific areas of therapeutic assistance, such as recreational and music therapists, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession.

18. Certified occupational therapy assistants shall be licensed and meet the requirements of s. 448.963 (3), Stats.

19. Licensed practical nurses shall be licensed under ch. 441, Stats

20. A peer specialist, means a staff person who is at least 18 years old and shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality and who shall have a demonstrated aptitude for working with peers and who shall have self-identified as having a mental disorder or substance use disorder.

**APPLICATION INSTRUCTIONS**

**Note:**  
**Personnel qualifications for 2.(g) 9. to 21 are certified, registered, or licensed staff with specific personnel policy requirements.**

12. ☐ Registered nurses

13. ☐ Occupational therapists

14. ☐ Master's level clinicians

15. ☐ Other professionals

16. ☐ Alcohol and drug abuse counselors  
CADCI, II, III, CCS

17. ☐ Therapeutic Assistance Specialists

18. ☐ Certified occupational therapy  
assistants (COTA)

19. ☐ Licensed practical nurses

20. ☐ Peer specialists

With these minimum qualifications:

☐ 18 years of age

☐ 30 hours specified training

☐ have a demonstrated aptitude

Surveyor Use

### HFS 36.10 Personnel policies.

21. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional or substance abuse professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old and shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality.

22. Clinical students shall be currently enrolled in an accredited academic institution and working toward a degree in a professional area identified in this subsection and providing services to the CCS under the supervision of a staff member who meets the qualifications under this subsection for that staff member's professional area.

(3) VOLUNTEERS. A CCS may use volunteers to support the activities of staff members. Before a volunteer may work independently with a consumer or family member, the CCS shall conduct a background check on the volunteer. Each volunteer shall be supervised by a staff member qualified under sub. (2) (g) 1. to 17. and receive orientation and training under the requirements of s. HFS 36.12.

#### (4) DOCUMENTATION OF QUALIFICATIONS.

Documentation of staff qualifications shall be available for review by consumers and parents or legal representatives of consumers if parental or legal representative consent to treatment is required.

### **APPLICATION INSTRUCTIONS**

#### 21. ☐ Rehabilitation workers

With these minimum qualifications:

☐ at least 18 years of age

☐ 30 hours specified training

#### 22. ☐ Clinical students

With these minimum qualifications:

☐ currently enrolled

☐ under supervision of qualified staff

#### (3). VOLUNTEERS

☐ Background checks process in effect

☐ Training and orientation provided

☐ Under supervision of qualified staff

#### 4. DOCUMENTATION

- ☐ Personnel manual created with position descriptions, credentials, and a copy of the current Staff Listing.

#### Surveyor Use

### **HFS 36.11 Supervision and clinical collaboration.**

(1) (a) Each staff member shall be supervised and provided with the consultation needed to perform assigned functions and meet the credential requirements of this chapter and other state and federal laws and professional associations.

(b) Supervision may include clinical collaboration. Clinical collaboration may be an option for supervision only among staff qualified under s. HFS 36.10 (2) (g) 1. to 8. Supervision and clinical collaboration shall be accomplished by one or more of the following:

1. Individual sessions with the staff member case review, to assess performance and provide feedback.

2. Individual side-by-side session in which the supervisor is present while the staff member provides assessments, service planning meetings or psychosocial rehabilitation services and in which the supervisor assesses, teaches and gives advice regarding the staff member's performance.

3. Group meetings to review and assess staff performance and provide the staff member advice or direction regarding specific situations or strategies.

4. Any other form of professionally recognized method of supervision, designed to provide sufficient guidance to assure the delivery of effective services to consumers by the staff member.

(2) Each staff member qualified under s. HFS 36.10 (2) (g) 9. to 21. shall receive day-to-day supervision and consultation and at least one hour of supervision per week or for every 30 clock hours of face-to-face psychosocial rehabilitation services or service facilitation they provide. Day-to day consultation shall be available during CCS hours of operation.

(3) Each staff member qualified under s. HFS 36.10 (2) (g) 1. to 8. shall participate in at least one hour of either supervision or clinical collaboration per month or for every 120-clock hours of face-to-face psychosocial rehabilitation or service facilitation they provide.

### **APPLICATION INSTRUCTIONS**

1.a ☐ Supervisory hierarchy established in policy

b. ☐ Collaboration planned for staff staff qualified under s. HFS 36.10 (2) (g) 1. to 8.

Supervision and collaboration to include:

1. ☐ Individual sessions
2. ☐ Side-by side sessions
3. ☐ Group Meetings
4. ☐ Other forms

**Note:**

Keep documentation of supervision and collaboration. BQA surveyors will find evidence of supervision or collaboration in masterwork schedules, staffing and meeting minutes, or in treatment files.

2. ☐ Supervision planned for staff qualified under s. HFS 36.10 (2) (g) 9. to 21.

Supervision and collaboration to include:

☐ Schedule minimum at least 1 hour for every 30 service hours.

3. Staff under s. HFS 36.10 (2) (g) 1. to 8. shall participate in supervision or collaboration.

☐ at least 1 hour per month or for every 120 rehabilitation or service hours.

Surveyor Use

**HFS 36.11 Supervision and clinical collaboration.**

(4) Clinical supervision and clinical collaboration shall be dated and documented with a signature of the person providing supervision or clinical collaboration in one or more of the following:

- (a) The master log.
- (b) Supervisory records.
- (c) Staff record of each staff member who attends the session or review.
- (d) Consumer records.

(5) The service director may direct a staff person to participate in additional hours of supervision or clinical collaboration beyond the minimum identified in this subsection in order to ensure that consumers of the program receive appropriate psychosocial rehabilitation services.

(6) A staff member qualified under s. HFS 36.10 (2) (g) 1. to 8. who provides supervision or clinical collaboration may not deliver more than 60 hours per week of face-to-face psychosocial rehabilitation services, clinical services and supervision or clinical collaboration in any combination of clinical settings.

**APPLICATION INSTRUCTIONS**

4. Documentation standards of supervision and collaboration will be reviewed in the initial certification and evidence of their use will be reviewed in subsequent certifications.

Initial plans are to use the following means:

- a. ☐ master log
- b. ☐ supervisory records
- c. ☐ staff records
- d. ☐ consumer records

5. ☐ Added supervision or collaboration may be assigned for quality assurance.

6. ☐ Supervising staff deliver fewer than 60 hours of face-to-face services per week.

Surveyor Use

**HFS 36.12 Orientation and training.**

**APPLICATION INSTRUCTIONS**

**(1) ORIENTATION AND ONGOING TRAINING.**

**(a) *Orientation program.***

The CCS shall develop and implement an orientation program that includes all of the following:

1. At least 40 hours of documented orientation training within 3 months of beginning employment for each staff member who has less than 6 months experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.

2. At least 20 hours of documented orientation training within 3 months of beginning employment with the CCS for each staff member who has 6 months or more experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.

3. At least 40 hours of documented orientation training for each regularly scheduled volunteer before allowing the volunteer to work independently with consumers or family members.

**(b) *Orientation training.*** Orientation training shall include and staff members shall be able to apply all of the following:

1. Parts of this chapter pertinent to the services they provide.

2. Policies and procedures pertinent to the services they provide.

3. Job responsibilities for staff members and volunteers.

4. Applicable parts of chs. 48, 51 and 55, Stats., and any related administrative rules.

5. The basic provisions of civil rights laws including the Americans with disabilities act of 1990 and the civil rights act of 1964 as the laws apply to staff providing services to individuals with disabilities.

6. Current standards regarding documentation and the provisions of HIPAA, s. 51.30, Stats., ch. HFS 92 and, if applicable, 42 CFR Part 2 regarding confidentiality of treatment records.

7. The provisions of s. 51.61, Stats., and ch. HFS 94 regarding patient rights.

8. Current knowledge about mental disorders, substance-use disorders and co-occurring disabilities and treatment methods.

**Note:**

**HFS 36.12 (1) (b) (8m) was renumbered.**

1.a. ☐ Orientation program developed

1. ☐ 40 hour orientation plan for new staff

2. ☐ 20 hour orientation plan for experienced staff

3. ☐ 40 hour orientation for volunteers

1. b. Orientation training to include:

1. ☐ HFS 36

2. ☐ CCS policies and procedures

3. ☐ Job responsibilities

4. ☐ Applicable state statute

5. ☐ Basic civil rights

6. ☐ HIPAA confidentiality standards

7. ☐ Patient rights

8. ☐ Current knowledge and treatment of mental health and substance abuse disorders

8m. ☐ Recovery concepts and principles.

**Note:**

Service facilitators, for example, need a thorough understanding of facilitation and conflict resolution techniques, resources for meeting basic needs, any eligibility requirements of potential resource providers and procedures for accessing these resources. Mental health professionals and substance abuse professionals will need training regarding the scope of their authority to authorize services and procedures to be followed in the authorization process.

**Surveyor Use**

### HFS 36.12 Orientation and training.

8m. Recovery concepts and principles which ensure that services and supports promote consumer hope, healing, empowerment and connection to others and to the community; and are provided in a manner that is respectful, culturally appropriate, collaborative between consumer and service providers, based on consumer choice and goals and protective of consumer rights.

9. Current principles and procedures for providing services to children and adults with mental disorders, substance-use disorders and co-occurring disorders. Areas addressed shall include recovery-oriented assessment and services, principles of relapse prevention, psychosocial rehabilitation services, age-appropriate assessments and services for individuals across the lifespan, the relationship between trauma and mental and substance abuse disorders, and culturally and linguistically appropriate services.

10. Techniques and procedures for providing non-violent crisis management for consumers, including verbal de-escalation, methods for obtaining backup, and acceptable methods for self-protection and protection of the consumer and others in emergency situations, suicide assessment, prevention and management.

11. Training that is specific to the position for which each employee is hired.

#### *(c) Ongoing training program.*

The CCS shall ensure that each staff member receives at least 8 hours of in-service training a year that shall be designed to increase the knowledge and skills received by staff members in the orientation training provided under par. (b). Staff shared with other community mental health or substance abuse or addiction programs may apply documented in-service hours received in those programs toward this requirement if that training meets the requirements under this chapter. Ongoing in-service shall include one or more of the following:

1. Time set aside for in-service training, including discussion and presentation of current principles and methods of providing psychosocial rehabilitation services.
2. Presentations by community resource staff from other agencies, including consumer operated services.
3. Conferences or workshops.

HFS 36.12 (1) (d) continues onto next age

### APPLICATION INSTRUCTIONS

- 8m. ☐ Recovery concepts and principles
9. ☐ Principles of CCS
10. ☐ Techniques and procedures for non-crisis management
11. ☐ Training that is specific to the position.

#### *1. c. Ongoing training program to include*

- ☐ 8 hours of in-service staff training/year

and to include one or more of:

1. ☐ time for in-service training
2. ☐ community resource presentations
3. ☐ conferences and workshops

Note:  
HFS 36.12 (1) (d) on nextt Page

Surveyor Use

**36.12 (1) (d) Training records.**

Updated, written copies of the orientation and ongoing training programs and documentation of the orientation and ongoing training received by staff members and volunteers shall be maintained as part of the central administrative records of the CCS.

**SUBCHAPTER V CONSUMER SERVICES**  
**HFS 36.13 Consumer application.**

**(1) APPLICATION.**

Any person seeking services under this chapter shall complete an application for services. Upon receipt the CCS shall determine the applicant's eligibility for CCS services pursuant to s. HFS 36.14. Information shall be made available to the applicant regarding the general nature and purpose of the CCS.

**(2) SERVICE AGREEMENT.** An admission agreement is signed by the applicant to acknowledge receipt and understanding all of the following:

(a). The nature of the CCS in which the consumer will be participating, including the hours of operation, staff member titles and responsibilities.

(b). The rights of a consumer of CCS services including:

1. Choice in the selection of recovery team members, services and service providers.

2. The right to specific, complete and accurate information about proposed services and the right to consent to treatment and to withdraw consent at any time.

3. The patient rights and formal and informal grievance procedures in s. 51.61, Stats., and ch. HFS 94 and for Medical Assistance consumers, the right to a fair hearing.

(c) The means by which the consumer and family members may obtain crisis services, if needed, while participating in the CCS.

(d) The cost of any services that may be billed to the consumer or the family member of a consumer.

(e) The CCS's procedure for follow-up if a consumer is discharged.

**36.12 Training records**

1.(d.) ☐ Keep training documentation

**SUBCHAPTER V**  
**CONSUMER SERVICES**

**APPLICATION INSTRUCTIONS**

The CCS program will have to construct a specific application for use in determining client eligibility.

1. ☐ CCS program has the consumer application materials prepared.

2. ☐ Service Agreement developed and includes:

(a) ☐ general nature and purpose of CCS.

(b) ☐ rights of the CCS consumer

1. ☐ selection of recovery team members

2. ☐ consent to treatment

3. ☐ grievance rights and procedures

(c) ☐ .means of obtaining crisis services

(d) ☐ cost of services

(e) ☐ follow-up procedure after discharged

Surveyor Use:

### **HFS 36.13 Consumer application.**

#### **(3) SERVICES PENDING DETERMINATION OF THE NEED FOR PSYCHOSOCIAL REHABILITATION SERVICES.**

Pending determination of the need for psychosocial rehabilitation services, the CCS shall identify any immediate needs of the consumer. The applicant may be provided with psychosocial rehabilitation services and supportive activities, including identifying recovery team members to meet those needs only after the occurrence of all of the following:

(a) A mental health professional has authorized services as evidenced by the signature of the mental health professional as required in s. HFS 36.15.

(b) The assessment of initial needs and the authorization for services have been documented.

(c) An admission agreement has been signed by the applicant.

**(4) DETERMINATION OF THE NEED FOR PSYCHOSOCIAL REHABILITATION SERVICES.**  
The determination of need for psychosocial rehabilitation services shall be determined pursuant to s. HFS 36.14.

**(5) DISCRIMINATION PROHIBITED.**  
The CCS shall ensure that no consumer is denied benefits or services or is subjected to discrimination on the basis of age, race or ethnicity, religion, color, sexual orientation, marital status, arrest or conviction record, ancestry, national origin, disability, gender, sexual orientation or physical condition.

### **APPLICATION INSTRUCTIONS**

3. ☐ Pending determination of need, the CCS will identify immediate needs

Immediate needs may be provided only after:

- a. ☐ authorization by MH professional \
- b. ☐ assessment of need is documented
- c. ☐ admission agreement has been signed

4. ☐ Need for PSR services determined per 36.14

5. ☐ Discrimination is prohibited.

Surveyor Use

### **HFS 36.14 Criteria for determining the need for psychosocial rehabilitation services.**

Psychosocial rehabilitation services shall be available to individuals who are determined to require more than outpatient counseling but less than the services provided by a community support program under s. 51.421, Stats., and ch. HFS 63, as a result of a department- approved functional screen and meet all of the following criteria:

(1) Has a diagnosis of a mental disorder.

(2) Has a functional impairment that interferes with or limits one or more major life activities and results in needs for services that are described as ongoing, comprehensive and either high-intensity or low-intensity.

Determination of a qualifying functional impairment is dependent upon whether the applicant meets one of the following descriptions:

**a) 'Group 1'.** Persons in this group include children and adults in need of ongoing, high-intensity, comprehensive services who have diagnoses of a major mental disorder or substance-use disorder, and substantial needs for psychiatric, substance abuse, addiction and medical treatment.

**(b) 'Group 2'.** Persons in this group include children and adults in need of ongoing, low-intensity comprehensive services who have a diagnosed mental or substance-use or addiction disorder.

These individuals generally function in a fairly independent and stable manner but may occasionally experience acute psychiatric crises.

Note: Appropriate identification of mental health or substance-use related problems for this group is critical, especially because they are often first seen in non-mental health or substance-use treatment settings, e.g., primary care sector, school system, law enforcement, child welfare, aging services, domestic violence shelters, etc.

(3) (a) If the department –approved functional screen cannot be completed at the time of the consumer's application, the CCS shall conduct an assessment of the applicant's needs pursuant to s. HFS 36.16 (3) and (4) or (5).

### **APPLICATION INSTRUCTIONS**

**Determination of need criteria** include:

1. ☐ Diagnosis of mental disorder
2. ☐ a functional impairment

This impairment is fittingly described within:

a. ☐ 'Group 1' - ongoing, high-intensity, comprehensive services

OR

b. ☐ "Group 2" - ongoing, low-intensity, comprehensive services

3. Conduct an assessment of applicant's needs

a. ☐ use of department's functional screen  
OR

☐ use of assessment per HFS 36.16 (3)

Surveyor Use

### **HFS 36.14 Criteria for determining the need for psychosocial rehabilitation services.**

3.(b) If an applicant is determined to not need psychosocial rehabilitation services, no additional psychosocial rehabilitation services may be provided to the applicant. The applicant shall be given written notice of determination and referred to a non-CCS program. The applicant may submit a written request for a review of the determination to the department.

Note: A written request for a review of the determination of need for psychosocial rehabilitation services should be addressed to the Bureau of Mental Health and Substance Abuse Services  
1 W. Wilson Street, Room 433, PO Box 7851  
Madison WI 53707-7851.

(c) If an applicant is determined to need psychosocial rehabilitation services a comprehensive assessment shall be conducted under s. HFS 36.16 (3) and (4) unless the following conditions are present:

1. A comprehensive assessment was conducted and completed under par. (a).
2. The consumer qualifies for an abbreviated assessment under s. HFS 36.16 (5).

**HFS 36.15 Authorization of services.**

(1) Before a service is provided to an applicant under ss. HFS 36.13 (2) or 36.17, a mental health professional shall do all of the following:

(a) Review and attest to the applicant's need for psychosocial rehabilitation services and medical and supportive activities to address the desired outcomes and to achieve the maximum reduction of symptoms of the mental or substance-use disorder and the restoration of the consumer to the optimum level of functioning possible.

(b) Assure that the appropriate authorizing statement for the proposed psychosocial rehabilitation services is provided and filed in the consumer service record.

(2) If the applicant has or may have a substance-use or addiction disorder, a substance abuse professional shall also sign the authorization for services.

## **APPLICATION INSTRUCTIONS**

- 3.b. ☐ If, NO need for PSR services
- ☐ No PSR services will be provided..
- ☐ Applicant given written notice
- ☐ Applicant given referral.
- ☐ Applicant given appeal information.
- (c) ☐ If, YES need for PSR services
- ☐ Conduct comprehensive assessment unless
1. ☐ Comprehensive assessment has already been completed or
2. ☐ Consumer qualifies for abbreviated assessment under 36..16(5)

### **APPLICATION INSTRUCTIONS – 36.15**

**HFS 36.15 Authorization of services.**

- 1.(a) ☐ MH professional prepares and signs statement that the service plans are necessary for optimum consumer functioning.
- (b.) ☐ MH professional assures that authorizing statements are completed and filed.
2. ☐ substance abuse authorization provided to the dually-diagnosed

## Surveyor Use

## HFS 36.16 Assessment process.

### (1) POLICIES AND PROCEDURES.

The CCS shall develop and implement policies and procedures that address the requirements under this section.

### (2) FACILITATION.

(a) The assessment process and the assessment summary required under sub. (6) shall be completed within 30 days of receipt of an application for services. The assessment process shall be explained to the consumer and, if appropriate, a legal representative or family member.

(b) The assessment process shall be facilitated by the service facilitator and the mental health professional in collaboration with the consumer and other members of the recovery team, including a substance abuse professional, if appropriate,

(c) Substance abuse diagnoses shall be established by a substance abuse professional. An assessment of the consumer's substance use, strengths and treatment needs also shall be conducted by a substance abuse professional.

### (3) ASSESSMENT CRITERIA.

The assessment shall be comprehensive and accurate. The assessment shall be conducted within the context of the domains listed in sub. (4), and any other domains identified by the CCS, and shall be consistent with all of the following:

(a) Be based upon known facts and recent information and evaluations and include assessment for co-existing mental health disorders, substance-use disorders, physical and mental impairments and medical problems.

(b) Be updated as new information becomes available.

(c) Address the strengths, needs, recovery goals, priorities, preferences, values and lifestyle of the consumer.

(d) Address age and developmental factors that influence appropriate outcomes, goals and methods for addressing them.

e) Identify the cultural and environmental supports as they affect identified goals and desired outcomes and preferred methods for achieving the identified goals.

## APPLICATION INSTRUCTIONS

1. ☐ assessment policies and procedures developed for consumer population

### Note:

BQA surveyors will review P&P manuals for the policies and procedures identified in sections HFS36.16 (1-7). Policies should specify the assessment criteria and domains of functioning

### 2. Facilitation

a. ☐ MH assessment process and summary are facilitated and completed within 30 days.

b. ☐ assessment process facilitated by MH professional with consumer and team as required

c. ☐ AODA assessment by providers certified under HFS 75.

### 3 Assessment Criteria

**Assessments** are to be comprehensive and conducted within the domains listed in the following section (4) and consistent with criteria (a-f):

a. ☐ known consumer facts and evaluations

b. ☐ updated with new information

c. ☐ consumer strengths, recovery goals and personal characteristics

d. ☐ age and developmental factors

e. ☐ cultural and environmental supports

### Surveyor Use

### HFS 36.16 Assessment process.

(f) Identify the consumer's recovery goals and understanding of recovery and options for treatment, psychosocial rehabilitation services and self-help programs to address those goals.

#### (4) ASSESSMENT DOMAINS.

The assessment process shall address all of the following domains of functioning:

- (a) Life satisfaction.
- (b) Basic needs.
- (c) Social network and family involvement.  
In this paragraph 'family involvement' means the activities of a family member to support a consumer receiving psychosocial rehabilitation services. Except where rights of visitation have been terminated, the family of a minor shall always be included. The family of an adult consumer may be involved only when the adult has given written permission.
- (d).Community living skills.
- (e) Housing issues.
- (f) Employment.
- (g) Education.
- (h) Finances and benefits.
- (i) Mental Health
- (j) Physical health.
- (k) Substance use.
- (L)Trauma and significant life stressors.
- (m).Medications
- (n) Crisis prevention and management.
- (o) Legal status.
- (p) Any other domain identified by the CCS.

### APPLICATION INSTRUCTIONS

- f. ☐ understanding recovery and treatment options

#### Assessment Domains

4. **Assessment domains** shall be addressed in all of the following domains (a-p) of functioning:

- (a) ☐ life satisfaction.
- (b) ☐ basic needs.
- (c) ☐ social network and family involvement.
- (d) ☐ .community living skills.
- (e) ☐ housing issues.
- (f) ☐ employment.
- (g) ☐ education.
- (h) ☐ finances and benefits.
- (i) ☐ . mental health.
- (j) ☐ physical health.
- (k) ☐ substance use.
- (L) ☐ trauma and life stressors.
- (m) ☐ .medications.
- (n) ☐ crisis prevention and management.
- (o) ☐ legal status
- (p). ☐ any other domain identified by the CCS.

Surveyor Use

**HFS 36.16 Assessment process.**

**(5) ABBREVIATED ASSESSMENT.**

(a) The assessment in sub. (3) may be abbreviated if the consumer has signed an admission agreement and one of the following circumstances apply:

1. The consumer's health or symptoms are such that only limited information can be obtained immediately.

2. The consumer chooses not to provide information necessary to complete a comprehensive assessment at the time of application.

3. The consumer is immediately interested in receiving only specified services that require limited information.

(b) An assessment conducted under this subsection shall meet the requirements under sub. (3) to the extent possible within the context that precluded a comprehensive assessment.

(c) The assessment summary required to be completed under sub. (6) shall include the specific reason for abbreviating the assessment.

(d) An abbreviated assessment shall be valid for up to 3 months from the date of the application. Upon the expiration date, a comprehensive assessment shall be conducted to continue psychosocial rehabilitation services. If a comprehensive assessment cannot be conducted when the abbreviated assessment expires, the applicant shall be given notice that the consumer does not need psychosocial rehabilitation services pursuant to the requirements of s. HFS 36.14 (3) (b).

**(6) ASSESSMENT SUMMARY.**

The assessment shall be documented in an assessment summary that shall be prepared by a mental health professional or substance abuse professional and shall include all of the following:

- (a) The period of time within which the assessment was conducted. Each meeting date shall be included
- (b) The information on which outcomes and service recommendations are based.
- (c) Desired outcomes and measurable goals desired by the consumer.
- (d) The names and relationship to the consumer of all individuals who participated in the assessment process.
- (e) Significant differences of opinion, if any, which are not resolved among members of the recovery team.
- (f) Signatures of persons present at the meetings being summarized.

**APPLICATION INSTRUCTIONS**

5.a ☐ Use of **abbreviated assessments**

☐ if consumers sign admission agreements

and one of the following apply:

1. ☐ consumer's health limits knowledge

2. ☐ consumer resists cooperation

3. ☐ consumers services wants limited

b. ☐ it is the best assessment possible under the circumstances, and

c. ☐ the assessment summary includes the specific reason for the abbreviation.

d. ☐ the abbreviated assessment is valid for only 90 days; a comprehensive assessment is require for continued eligibility.

6. ☐ **Assessment summaries** by mental health professional will include all a-f :

a. ☐ dates of assessment

b. ☐ basis of plans

c. ☐ outcomes and goals

d. ☐ names of assessors

e. ☐ differing opinions

f. ☐ participant signatures

Surveyor Use

## HFS 36.16 Assessment process.

### (7) RECOVERY TEAM.

(a) The consumer shall be asked to participate in identifying members of the recovery team.

(am) The recovery team shall include all of the following:

1. The consumer

2. A service facilitator.

3. A mental health professional or substance abuse professional. If the consumer has or is believed to have a co-occurring condition, the recovery team shall consult with an individual who has the qualifications of a mental health and substance abuse professional or shall include both a mental health professional and substance abuse professional or a person who has the qualifications of both a mental health professional and substance abuse professional on the recovery team.

4. Service providers, family members, natural supports or advocates shall be included on the recovery team with the consumer's consent, unless their participation is unobtainable or inappropriate.

5. If the consumer is a minor or is incompetent or is incapacitated, a parent or legal representative of the consumer, as applicable, shall be included on the recovery team.

(b) 1. The recovery team shall participate in the assessment process and in service planning. The role of each team member shall be guided by the nature of team member's relationship to the consumer and the scope of the team member's practice.

(b.) 2. Team members shall provide information, evaluate input from various sources, and make collaborative recommendations regarding outcomes, psychosocial rehabilitation services and supportive activities. This partnership shall be built upon the cultural norms of the consumer.

## APPLICATION INSTRUCTIONS

### Note:

HFS 36.16 (7) has been slightly reorganized and renumbered, add (am), to reflect more direct consumer participation.

7. Recovery Team members include:

a. ☐ Consumers help choose recovery team members

(am.) the team includes

1. ☐ the consumer

2. ☐ the service facilitator

3. ☐ a mental health or substance abuse professionals; or ☐ both for co-occurring diagnoses.

4. ☐ others chosen by consumer

5. ☐ parents or guardians as applicable

### Activities of the recovery team

b.1. ☐ Recovery team shall participate in the assessment process and service planning with member roles guided by relationship to the consumer

b.2. ☐ Team members provide information, evaluate input, and make recommendations regarding outcomes, services and activities.

Surveyor Use

**HFS 36.17 Service planning and delivery processes.**

**APPLICATION INSTRUCTIONS**

**(1) POLICIES AND PROCEDURES**

The CCS shall develop and implement policies and procedures that address the requirements under this section.

**Note:**

**Sections HFS 36.17 (2), 36.17 (2m), and 36.17 (6) were all slightly reorganized and renumbered,**

**(2) FACILITATION OF SERVICE PLANNING.**

- (a) A written service plan shall be based upon the assessment and completed within 30 days of the consumer's application for services.
- (b) The service planning process shall be explained to the consumer and, if appropriate, a legal representative or family member.
- (c) The service planning process shall be facilitated by the service facilitator in collaboration with the consumer and recovery team.
- (d) Service planning shall address the needs and recovery goals identified in the assessment.

- (1) ☐ Service planning P&P developed

**(2) Service planning facilitation**

- (a) ☐ A service plan is completed within 30 days of the consumer's application for services.
- (b) ☐ planning process explained
- (c) ☐ process facilitated
- (d) ☐ plans address needs and recovery goals

**(2m) SERVICE PLAN DOCUMENTATION.**

- (a) The service plan shall include a description of all of the following:
  - 1. Service facilitation activities that will be provided to the consumer or on the consumer's behalf.
  - 2. The psychosocial rehabilitation and treatment services to be provided to or arranged for the consumer. The description shall include the schedules and frequency of services provided.
  - 3. The service providers and natural supports who are or will be responsible for providing the consumer's treatment, rehabilitation, or support services and the payment source for each.
  - 4. Measurable goals and type and frequency of data collection that will be used to measure progress toward desired outcomes.
- (b) An attendance roster shall be signed by each person, including recovery team members in attendance at each service planning meeting. The roster shall include the date of the meeting and the name, address, and telephone number of each person attending the meeting. Each original, updated, and partially completed service plan shall be maintained in the consumer's record as required in s. HFS 36.18.
- (c) The completed service plan shall be signed by the consumer, a licensed mental health or substance abuse professional and the service facilitator.
- (d) Documentation of the service plan shall be available to all members of the recovery team.

**(2m) Documentation of service plan**

- (a)
  - 1. ☐ services planned
  - 2. ☐ services and frequency of services
  - 3. ☐ responsible providers and payment source
  - 4. ☐ measurable goals
- (b) ☐ attendance roster maintained
- (c) ☐ signed service plans
- (d) ☐ service plan documentation is available

Surveyor Use

### **HFS 36.17 Service planning and delivery processes.**

#### **(3) SERVICE PLAN REVIEW.**

The service plan for each consumer shall be reviewed and updated as the needs of the consumer change or at least every 6 months. A service plan that is based on an abbreviated assessment shall be reviewed and updated upon the expiration of the abbreviated assessment or before that time if the needs of the consumer change. The review shall include an assessment of the progress toward goals and consumer satisfaction with services.

#### **(4) SERVICE DELIVERY.**

(a) Psychosocial rehabilitation and treatment services shall be provided in the most natural and least restrictive manner and most integrated settings practicable consistent with current legal standards, be delivered with reasonable promptness and build upon the natural supports available in the community.

(b) Services shall be provided with sufficient frequency to support achievement of goals identified in the service plan.

(c) Documentation of the services shall be included in the service record of the consumer under the requirements in s. HFS 36.18.

#### **(5) DISCHARGE.**

(a) Discharge from the CCS shall be based on the discharge criteria in the service plan of the consumer unless any one of the following applies:

1. The consumer no longer wants psychosocial rehabilitation services.
2. The whereabouts of the consumer are unknown for at least 3 months despite diligent efforts to locate the consumer.
3. The consumer refuses services from the CCS for at least 3 months despite diligent outreach efforts to engage the consumer.
4. The consumer enters a long-term care facility for medical reasons and is unlikely to return to community living.
5. The consumer is deceased.
6. Psychosocial rehabilitation services are no longer needed.

### **APPLICATION INSTRUCTIONS**

#### **3. Service plans review**

- ☐ service plans reviewed every 6 months.
- ☐ review includes progress assessments

#### **4. Service delivery**

- a. ☐ least restrictive service setting
- b. ☐ services of sufficient frequency
- c. ☐ services documented in consumer records

#### **5. Discharges**

- a. ☐ Discharge is based upon plan's criteria or
  - a1. ☐ consumer wants to quit
  - a2. ☐ consumer whereabouts unknown for 6 months
  - a3. ☐ consumer refuses services for 6 months
  - a4. ☐ consumer enters long term care facility.
  - a5. ☐ consumer dies.
  - a6. ☐ PSR services no longer needed.

Surveyor Use

**HFS 36.17 Service planning and delivery processes.**

6.(am) When a consumers is discharged from a CCS program, the consumer shall be given written notice of the discharge. The notice shall include all of the following:

1. A copy of the discharge summary developed under paragraph (b),
2. Written procedures on how to reapply for CCS services.
3. If a consumer is involuntarily discharged from the CCS program and the consumer receives Medical Assistance, the fair hearing procedures prescribed in HFS 104.01 (5).

6.(b)The CCS shall develop a written discharge summary for each consumer discharged from psychosocial rehabilitation services. The discharge summary shall include all of the following:

1. The reasons for discharge.
2. The consumer's status and condition at discharge including the consumer's progress toward the outcomes specified in the service plan.
3. Documentation of the circumstances, as determined by the consumer and recovery team, that would suggest a renewed need for CCS services and procedures for re-applying for CCS services.
4. For a planned discharge, the signature of the consumer, the service facilitator, and mental health professional or substance abuse professional. With the consumer's consent, this summary shall be shared with providers who will be providing subsequent services.

**APPLICATION INSTRUCTIONS**

6. (am) Notice of discharge shall include:

1. ☐ copy of discharge summary
2. ☐ procedures to reapply
3. ☐ air hearing procedures

6.b. ☐ Written discharge summaries for each consumer shall includes all of the following:

1. ☐ reasons
2. ☐ consumer status and condition
3. ☐ circumstances for re-enrollment
4. ☐ signatures of consumer, service facilitator and mental health/substance abuse professional

Surveyor Use

### HFS 36.18 Consumer service records.

(1) Each consumer service record shall be maintained pursuant to the confidentiality requirements under HIPAA, s. 51.30, Stats., ch. HFS 92 and , if applicable, 42 CFR Part 2. Electronic records and electronic signatures shall meet the HIPAA requirements in 45 CFR 164, Subpart C.

(2) The CCS shall maintain in a central location a service record for each consumer. Each record shall include sufficient information to demonstrate that the CCS has an accurate understanding of the consumer, the consumer's needs, desired outcomes and progress toward goals. Entries shall be legible, dated and signed.

(3) Each consumer record shall be organized in a consistent format and include a legend to explain any symbol or abbreviation used. All of the following information shall be included in the consumer's record:

(a) Results of the assessment completed under s. HFS 36.16, including the assessment summary.

(b) Service plans and updates, including attendance rosters from service planning sessions.

(c) Authorization of services statements.

(d) Any request by the consumer for a change in services or service provider and the response by the CCS to such a request.

(e) Service delivery information, including all of the following:

1. Service facilitation notes and progress notes.
2. Records of referrals of the consumer to outside resources.
3. Descriptions of significant events that are related to the consumer's service plan and contribute to an overall understanding of the consumer's ongoing level and quality of functioning.
4. Evidence of the consumer's progress, including response to services, changes in condition and changes in services provided.
5. Observation of changes in activity level or in physical, cognitive or emotional status and details of any related referrals.
6. Case conference and consultation notes.
7. Service provider notes in accordance with standard professional documentation practices.
8. Reports of treatment, or other activities from outside resources that may be influential in the CCS's service planning.

### APPLICATION INSTRUCTIONS

**Note:**

CCS programs are advised to construct a blank template record and model formats for training and for initial survey purposes.

1. ☐ Maintain policies and practices of confidentiality.
2. ☐ Client case records secure and complete and legible.
3. ☐ Records shall contain (a through f):
  - a. ☐ assessment summary
  - b. ☐ service plans
  - c. ☐ authorization statements
  - d. ☐ consumer requests
  - e. ☐ Service delivery information which includes all of the following
    1. ☐ progress notes
    2. ☐ referral records
    3. ☐ significant events
    4. ☐ evidence of progress
    5. ☐ observation of activity level and status
    6. ☐ case conference and consultation notes
    7. ☐ Service provider notes.
    8. ☐ Reports of outside providers.

Surveyor Use

### HFS 36.18 Consumer service records.

**(f) A list of current prescription medication and regularly taken over the counter medications. Documentation of each prescribed medication shall include all of the following:**

1. Name of the medication and dosage.
2. Route of administration.
3. Frequency.
4. Duration, including the date the medication is to be stopped.
5. Intended purpose.
6. Name of the prescriber. The signature of prescriber is also required if the CCS prescribes medication as a service.

7. Activities related to the monitoring of medication including monitoring for desired responses and possible adverse drug reactions, as well as an assessment of the consumer's ability to self-administer medication.

8. If a CCS staff member administers medications, each medication administered shall be documented on the consumer's individual medication administration record (MAR) including, the time the medication was administered and by whom and observation of adverse drug reactions, including a description of the adverse drug reaction, the time of the observation and the date and time the prescriber of the medication was notified. If a medication was missed or refused by the consumer, the record shall explicitly state the time that it was scheduled and the reason it was missed or refused.

g) Signed consent forms for disclosure of information and for medication administration and treatment.

(h) Legal documents addressing commitment, guardianship, and advance directives.

(i) Discharge summary and any related information.

(j) Any other information that is appropriate for the consumer service record.

### APPLICATION INSTRUCTIONS

- (f) ☐ If applicable, a documentary list of current medications

The list should include items 1-8:

1. ☐ Name of the medication and dosage.
2. ☐ Route of administration.
3. ☐ Frequency.
4. ☐ Duration, including the date the medication is to be stopped.
5. ☐ Intended purpose.
6. ☒ Name / signature of the prescriber.
7. ☐ Activities related to medication management and monitoring (if applicable)
8. ☐ medications administered shall be listed on the consumer's MAR.

g. ☐ informed consent of 94.03

h. ☐ pertinent legal documents

i. ☐ discharge summaries

j. ☐ other useful information

Surveyor Use

### HFS 36.19 Consumer rights.

### APPLICATION INSTRUCTIONS

- (1) The CCS shall comply with the patient rights and grievance resolution procedures in s. 51.61, Stats., and ch. HFS 94. and all of the following:

1. Choice in selection of recovery team members, services, and service providers.
2. The right to specific, complete, and accurate information about proposed services.
3. For Medical Assistance consumers, the fair hearing process under HFS 104.01(5). For all other consumers how to request a review of determination of need for psychosocial rehabilitation services should be addressed to the Bureau of Mental Health and Substance Abuse Services, 1 W. Wilson Street, Room 433, P.O. Box 7851, Madison, WI 53707-7851

- (2) The service facilitator shall ensure that the consumer understands the options of using the formal and informal grievance resolution process in s. HFS 94.40 (4) and (5).

**Note:**

**HFS 36.19 (1) was reorganized and the fair hearing process for MA consumers was added.**

#### Consumer Rights

- (1.) ☐ compliance with patient rights and grievance resolution procedures including the:
1. ☐ choice of team members
  2. ☐ right to complete and accurate information
  3. ☐ MA fair hearing or the process for requesting a determination review.
- (2.) ☐ grievance processes are clearly explained.

#### Patient Rights Issues

Each CCS shall meet all obligations for patient rights notifications and for informing patients of their grievance rights and procedures.

BQA surveyors closely review consumer records to assure these rights are assured, protected, and regularly updated.

#### Surveyor Use

ss. 51.61

HFS 94

## MEDICAID REIMBURSEMENT

### SECTION 2. HFS 105.257 is created to read:

**HFS 105.257. Community-based psychosocial service programs.** For MA certification as a community-based psychosocial service program under s. 49.45 (30e), Stats., a provider shall be certified as a comprehensive community services program under ch. HFS 36. The department may waive a requirement in ss. HFS 36.04 to 36.12 under the conditions specified in s. HFS 36.065 if requested by a provider. Certified providers under this section may provide services directly or may contract with other qualified providers to provide all or some of the services described in s. HFS 107.13 (7).

### SECTION 3. HFS 107.13 (2) (c) 5. and (4) (c) 4. are amended to read:

HFS 107.13 (2) (c) 5. Services under this subsection are not reimbursable if the consumer is receiving community support program services under sub. (6) or psychosocial services provided through a community-based psychosocial service program under sub. (7).

(4) (c) 4. Services under this subsection are not reimbursable if the consumer is receiving community support program services under sub. (6) or psychosocial services provided through a community-based psychosocial service program under sub. (7).

### SECTION 4. HFS 107.13 (6) (b) 4. and (7) are created to read:

HFS 107.13 (6) (b) 4. Reimbursement is not available for a person participating in the program under this subsection if the person is also participating in the program under sub. (7).

### **(6) PSYCHOSOCIAL SERVICES PROVIDED THROUGH A COMMUNITY-BASED PSYCHOSOCIAL SERVICE PROGRAM.**

#### (a) *Covered services.*

Psychosocial services provided through a community-based psychosocial service program shall be covered services when authorized by a mental health professional under s. HFS 36.15 for consumers determined to have a need for the services under s. HFS 36.14. These non-institutional services must fall within the definition of "rehabilitative services" under 42 CFR s. 440.130 (d) and must be described in a service plan under s. HFS 36.17. Covered services include assessment under s. HFS 36.16 and service planning and review under s. HFS 36.17.

#### (e) *Other limitations.*

1. Mental health services under s. HFS 107.13 (2) and (4) are not reimbursable for consumers receiving services under this subsection.
2. Group psychotherapy is limited to no more than 10 persons in a group. No more than 2 professionals shall be reimbursed for a single session of group psychotherapy. Mental health technicians shall not be reimbursed for group psychotherapy.
3. Reimbursement is not available for a person participating in the program under this subsection if the person is also participating in the program under sub. (6).

#### (f) *Non-covered services.* The following are not covered services under this subsection:

1. Case management services provided under s. HFS 107.32 by a provider not certified under s. HFS 105.257 to provide services under this section.
2. Services provided to a resident of an intermediate care facility, skilled nursing facility or an institution for mental diseases, or to a hospital patient unless the services are performed to prepare the consumer for discharge from the facility to reside in the community.
3. Services performed by volunteers, except that out-of-pocket expenses incurred by volunteers in performing services may be covered.
4. Services that are not rehabilitative, including services that are primarily recreation-oriented.
5. Legal advocacy performed by an attorney or paralegal.

**HFS 36 - CCS Psychosocial Rehabilitation Service Array**

<u>ASSESSMENT DOMAINS</u>	<u>SERVICE TITLE</u>	<u>DESCRIPTION</u>	<u>DATE</u>
<div>Assessment Domains 36.16 (4). Identify all domains applicable to each service described in the array.</div> <div><div>(a) life satisfaction.</div><div>(b) basic needs.</div><div>(c) social network, family involvement.</div><div>(d) community living skills.</div><div>(e) housing issues.</div><div>(f) employment.</div><div>(g) education.</div><div>(h) finances and benefits.</div><div>(i) mental health.</div><div>(j) physical health.</div><div>(k) substance use.</div><div>(L) trauma / life stressors.</div><div>(m) medications.</div><div>(n) crisis prevention management.</div><div>(o) legal status.</div><div>(p) other identified domains.</div></div>			

CCS STAFF LISTING									
Complete for each staff member who provides psychosocial rehabilitation services including clinical student and volunteers. Staff functions are found in 36.16 (2)(e). Minimum staff qualifications are in 36.10 (2)(g) (1-22). Please record whether the staff are employed or contracted and their % FTE. The caregiver backgrounds are documented through Background Information Disclosure (BID) forms, Department of Justice, and DHFS response letters, and require updating every four (4) years.				<u>Staff Functions</u>		<u>Minimum Qualification</u>	<u>Employment</u>	Caregiver Misconduct Background Checks (enter Month / Yr )	
				1. MH professional 2. Administrator 3. Service Director 4. Service Facilitator 5. Services Array		1 - 8 1 - 14 1 - 8 1 - 21 Any qualification	Full Time Employee or Part time Employee % or Contract Employee %		
Last Name, First MI.	Position Description	Credentials License #	Functions// Qualif.		% FTE Employed = E or Contracted = C	BID	DOJ	DHFS IBIS	w/i last 4 years
					% (Circle) E / C				
					% E / C				
					% E / C				
					% E / C				
					% E / C				
					% E / C				
					% E / C				

### CCS STAFF LISTING

Program Name LAFOLLETTE COUNTY CCS

Complete for each staff member who provides psychosocial rehabilitation services including clinical student and volunteers

Staff Functions	Minimum Qualification	Employment
1. MH professional	1 - 8	Full Time Employee or
2. Administrator	1 - 14	Part time Employee % or
3. Service Director	1 - 8	Contract Employee %
4. Service Facilitator	1 - 21	
5. Services Array	Any qualification	

Caregiver Misconduct  
Background Checks  
(enter Month / Yr )

Last Name, First MI.	Position Description	Credentials License #	Functions // Qualif.	% FTE Employed = E Contracted = C	BID	DOJ	DHFS IBIS	w/I last 4 yrs
<i>Samples, William C.</i>	<i>Psychiatrist</i>	<i>MD 12345-020</i>	<i>1,3, 5</i>	<i>60 % 'C'</i>	<i>4/03</i>	<i>5/03</i>	<i>5/03</i>	<i>ok</i>

Dr. Samples is contracted at 60% time. He serves two CCS program functions, as mental health professional and the service director, under 36.10 e (1 and 3). He does so while qualified as a psychiatrist, under 36.10 g (1) and as evidenced by his DRL licensed credentials. His background disclosure form was completed and signed by him on April, 2003. The Department of Justice criminal history report was returned in May as was the DHFS IBIS letter detailing any suspensions of licensure. The agency has reviewed the Caregiver Background materials and assure they were all within the past 4 years.

<i>Model, Marilyn</i>	<i>Program Director</i>	<i>LCSW 1248-123</i>	<i>1,2, 5</i>	<i>5</i>	<i>100% - 'E'</i>	<i>9/03</i>	<i>10/03</i>	<i>9/03</i>	<i>yes</i>
-----------------------	-------------------------	----------------------	---------------	----------	-------------------	-------------	--------------	-------------	------------

Ms. Model is a full-time employee of the CCS program with two functions. She is a mental health professional and a administrator, under 36.10 e (1,2), and is qualified for both as an LCSW, under 36.10 g (5), as evidenced by her DRL licensed credentials. The caregiver background processes and assurances are affirmed.